



County Elected Officials Training Incentive Program

Request for Summary of Training Hours

Name: _____

Training ID Number: _____

County: _____

Elected/Appointed Position

(Place a "X" beside the appropriate office)

_____ Judge Executive	_____ Commissioner	_____ Sheriff
_____ Magistrate	_____ County Clerk	_____ Jaier

Fax Number with (Area Code) to send Trainming Hour Summary: _____

Signed: _____

Date: _____

Governor's Office for Local Development
Office of Financial Management and Administration
ATTN: County Officials Training Program
1024 Capital Center Drive, Suite 340
Frankfort, Kentucky 40601
Phone: 1-800-346-5606; Fax: 502-573-3712
E-Mail: Scott.Sharp@ky.gov

